

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/152770

FILING DATE

APPLICANT(S)

3/27/65

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5			1			
6			1			
7						
8						
9			1			
10			1			
11			1			
12			1			
13						
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31						
32						
33						
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36						
37						
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39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			21			
TOTAL DEP.			27			
TOTAL CLAIMS			27			

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS